

It's real.

CITY OF SEGUIN 205 N. RIVER SEGUIN, TEXAS 78155

REQUEST FOR BIDS – Bid No. AF-2025-57

Aclara Electric RF Maters, Water Meter Transmitting Units (MTU), and Data Collection Units (DCU)

Bids Due: July 22, 2025, by 3:00 PM

Techline, Inc. Submission

BID FORM Bid # AF-2025-57 DUE DATE: July 22, 2025

| | Estimated | | | | | |
|----------------------|-----------|----|-----------|----|---------------|--------------|
| | | | | | | Initial Lead |
| 9 | Annual | | | | | |
| Description | Quantity | Uı | nit Price | Ex | tended Amount | Time |
| Form 2S CL200 w/ | | | | | | |
| remote disconnect | 600 | \$ | 200.79 | \$ | 120,474.00 | 17 WEEKS |
| Form 2S CL320 | 5 | \$ | 178.09 | \$ | 890.45 | 17 WEEKS |
| Form 4S CL20 | 10 | \$ | 206.58 | \$ | 2,065.80 | 17 WEEKS |
| Form 12S CL200 w/ | | | | | | |
| remote disconnect | 100 | \$ | 263.52 | \$ | 26,352.00 | 17 WEEKS |
| Form 9S CL20 | 20 | \$ | 452.27 | \$ | 9,045.40 | 24 WEEKS |
| Form 16S CL200 | 20 | \$ | 355.97 | \$ | 7,119.40 | 24 WEEKS |
| Form 3S CL20 | 1 | \$ | 190.26 | \$ | 190.26 | 17 WEEKS |
| Form 6S CL20 | 1 | \$ | 452.27 | \$ | 452.27 | 24 WEEKS |
| Form 45S CL20 | 1 | \$ | 298.71 | \$ | 298.71 | 24 WEEKS |
| Water Meter MTU | | | | | | |
| Encoder, Single Port | | | | | | |
| Extended Range | 600 | \$ | 154.84 | \$ | 92,904.00 | 13 WEEKS |
| Data Collection Unit | | | | | | |
| II+ Dual Backhaul | | | | | | |
| Ethernet/Cellular | 2 | \$ | 14,461.75 | \$ | 28,923.50 | 17 WEEKS |

TOTAL EXTENDED AMOUNT = \$288,715.79

ADDENDUM FORM Bid # AF-2025-57

| Receipt is hereby acknowledged of the following | Addenda to the Specifications: |
|---|--|
| ADDENDUM NO. 1 DATED | ADDENDUM NO. 4 DATED |
| ADDENDUM NO. 2 DATED | ADDENDUM NO. 5 DATED |
| ADDENDUM NO. 3 DATED | ADDENDUM NO. 6 DATED |
| The Undersigned affirms that it is duly authorized prepared in collusion with any other bidder, and the conditions of said bid has not been communicated of this bid. The Undersigned certifies that pursuant to Section 2 does not boycott Israel and will not boycott Israel dusolicitation. The Undersigned certifies that pursuant to S.B 19, will not boycott energy companies during the term of the Undersigned certifies that pursuant to S.B. 13, Boor directive that discriminates against a firearm en | to submit this bid, that this bid has not been at the content of this bid as to prices, terms, or to any other bidder prior to the official opening 2270.002 of the Texas Government Code, Bidder tring the term of the contract resulting from this Bidder does not boycott energy companies and of the contract. |
| discriminate during the term of the contract against | |
| Techline, Inc. Company Name | Kww. Hollow Authorized Agnature |
| 4314 Dividend Drive | Coby Randolph / Kim Holland Printed Name |
| Address San Antonio, TX 78219 | Sales |
| City, State, Zip Code | Title |
| (210)359-8324 Phone No. | 7/22/25 Date |
| Email Address: <u>crandolph@techline</u> kim.holland@techlir | |

BIDDER'S EXCEPTION FORM Bid # AF-2025-57

This form must be completed and signed by an authorized representative of the company. Failure to do so may cause total bid to be rejected. If no exceptions are to proposed, indicate by stating "No Exceptions to Specifications" and sign in the appropriate space.

| | | | OF | | |
|--|--|--|----|--|--|
| | | | | | |
| | | | | | |

WE PROPOSE THE FOLLOWING EXCEPTIONS TO THE SPECIFICATIONS:

| | PAGE/ | | |
|----------------|---------------|---|---------------|
| <u>SECTION</u> | PARAGRAPH # | EXCEPTION | |
| | 4 | PRICING AND INVOICING. This quote is valid for the first year of the contract | 's term only. |
| | | Should City of Seguin elect to pursue extension of pricing will be subject to an annual review. | ptions, |
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| | | | |
| NOTE: If I | 192 | d attach to the book of this page and note "See Page 2 | |
| Deviations" o | | d, attach to the back of this page and note "See Page 2- | |
| Deviations 0 | in this pube. | Λ | |
| Tech | line, Inc. | Kimtolland | |
| Comr | nany Name | Authorized Signature | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CE | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|---|---|---|---|------------------------|----------------------|--|
| 1 | Name of business entity filing form, and the city, state and country of business. | Certificate Number: 2025-1339889 | | | | |
| | Techline, Inc. | | | | | |
| | San Antonio, TX United States | | Date | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | 07/2 | 2/2025 | | |
| | being filed. | | _ | | | |
| | City of Seguin | | Date | Acknowledged: | | |
| | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided | ty or state agency to track or identif led under the contract. | y the c | ontract, and prov | vide a | |
| | AF-2025-57 | TID | OL 1\ | | | |
| | Aclara Electric RF Meters, Water Meter Transmitting Units (M | 10), and Data Collection Units (D | CU) | | | |
| | T | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busi | ness) (check a | | plicable) | |
| | - | | | Controlling | Intermediary | |
| | | | | | | |
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| | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Kim Holland , and my date of birth is June 13,1988 . | | | | | |
| | My address is 4314 Dividend Drive | , San Antonio, _ | ΓX, | 78219 | USA_ | |
| | | | state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed in BexarCounty | , State of Texas , on the | 22 | _{day of} July | _, ₂₀ _25 | |
| | * | r. State of Texas , on the | | (month) | (year) | |
| | <u></u> . | Signature of authorized agent of co | ntractin | g business entity | | |
| | | (Declarant) | | | | |

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

| This questionnaire reflects changes made to the law by H.B. 2 | 3, 84th Leg., Regular Session. | OFFICE USE ONLY | | | |
|---|---|--|--|--|--|
| This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a). | | | | | |
| By law this questionnaire must be filed with the records administrator of than the 7th business day after the date the vendor becomes aware of filed. See Section 176.006(a-1), Local Government Code. | the local governmental entity not later facts that require the statement to be | | | | |
| A vendor commits an offense if the vendor knowingly violates Section offense under this section is a misdemeanor. | 176.006, Local Government Code. An | | | | |
| 1 Name of vendor who has a business relationship with local | al governmental entity. | | | | |
| Techline, Inc. | | | | | |
| Check this box if you are filing an update to a previous completed questionnaire with the appropriate filing aut you became aware that the originally filed questionnal | hority not later than the 7th busines | s day after the date on which | | | |
| Name of local government officer about whom the information | ation is being disclosed. | | | | |
| | | | | | |
| Name of C | | | | | |
| Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. | | | | | |
| N/A | | | | | |
| | | | | | |
| A. Is the local government officer or a family rother than investment income, from the vendor | | ikely to receive taxable income, | | | |
| Yes No | | | | | |
| B. Is the vendor receiving or likely to receive tag of the local government officer or a family men local governmental entity? | kable income, other than investment ober of the officer AND the taxable | income, from or at the direction income is not received from the | | | |
| Yes No | | | | | |
| Describe each employment or business relationship that other business entity with respect to which the local gownership interest of one percent or more. | t the vendor named in Section 1 m overnment officer serves as an o | naintains with a corporation or fficer or director, or holds an | | | |
| N/A | | , | | | |
| Check this box if the vendor has given the local government as described in Section 176.003(a)(2)(B), excluding | vernment officer or a family membering gifts described in Section 176.0 | of the officer one or more gifts 003(a-1). | | | |
| 7 | - 100.10 | _ | | | |
| Signature of vendor doing business with the governmen | 7/22/25 tal entity | Date | | | |
| | | | | | |

CITY OF SEGUIN INSURANCE REQUIREMENT AFFIDAVIT

To be Completed By Appropriate Insurance Agent

and submitted with bid proposal.

I, the undersigned Agent/Broker, certify that the insurance requirements contained in this bid document have been reviewed by me with the below identified Contractor. If the below identified Contractor is awarded this contract by the City of Seguin, I will be able to, within ten (10) days after being notified of such award, furnish a valid insurance certificate to the City meeting all of the requirements defined in this bid.

| Discella Villamera | Priscilla Villanueva |
|--------------------------|-------------------------------------|
| Agent (Signature) | Agent (Print) |
| | |
| | |
| Name of Agency/Broker: | Marsh McLennan Agency, LLC |
| Address of Agent/Broker: | 2500 Bee Cave Rd, Bldg 1, Suite 125 |
| City/State/Zip:Austin | , Texas 78746 |
| Agent/Broker Telephone # | : _(512) 520-7997 |
| CONTRACTOR'S NAME | |
| | (Print or Type) |

NOTE TO AGENT/BROKER

If this time requirement is not met, the City has the right to invalidate the bid award and award the contract to the next lowest bidder meeting specifications. Should an awarded bid be invalidated the Contractor may be liable for breach of contract. If you have any questions concerning these requirements, please contact the Purchasing Manager for the City of Seguin at (830) 401-2451

CITY OF SEGUIN INSURANCE REQUIREMENT AFFIDAVIT AF-2025-57

To be Completed By Appropriate Insurance Agent and submitted with bid proposal.

I, the undersigned Agent/Broker, certify that the insurance requirements contained in this bid document have been reviewed by me with the below identified Contractor. If the below identified Contractor is awarded this contract by the City of Seguin, I will be able to, within ten (10) days after being notified of such award, furnish a valid insurance certificate to the City meeting all of the requirements defined in this bid.

| Procella Villanneva | Priscilla Villanueva |
|--|----------------------|
| Agent (Signature) | Agent (Print) |
| | |
| | |
| Name of Agency/Broker: Marsh McLennan Ag | ency |
| | |
| Address of Agent/Broker: 2500 Bee Cave Rd, | Bldg 1, Suite 125 |
| City/State/Zip: Austin, Texas 78746 | |
| Agent/Broker Telephone #: (512) 520-7997 | 7 |
| CONTRACTOR'S NAME: Techline, Inc. | |
| | (Print or Type) |

NOTE TO AGENT/BROKER

If this time requirement is not met, the City has the right to invalidate the bid award and award the contract to the next bidder meeting specifications. Should an awarded bid be invalidated the Contractor may be liable for breach of contract. If you have any questions concerning these requirements, please contact the Purchasing Manager for the City of Seguin at (830) 401-2451